

# PASSAIC VALLEY SEWERAGE COMMISSIONERS

## APPLICATION FOR A SEWER USE PERMIT

20-49

115 8120 8125 2005

## SECTION A

MAR 05 2004

1. Company Name: Titan Adhesives
2. Permit Number if applicable: \_\_\_\_\_
3. Location: 25 Lake Street  
Paterson, NJ Zip Code: 07501
4. Mailing Address: P.O. Box 2776  
Paterson, NJ Zip Code: 07509
5. Person to contact concerning information provided in this application:  
Name of Contact Official: Carlos Garcia  
Title: Plant Manager Phone No.: 973-225-1070  
Address: 25 Lake Street Paterson, NJ Zip code: 07501
6. Number of Employees – Full Time: 14 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: 245  
Number of Shifts Per Day: one
7. If property is owned indicate block and lot number(s): \_\_\_\_\_  
Assessed Value: \_\_\_\_\_
8. If property is rented indicate name and address of owner: Barcom Corporation  
495 River St. Paterson, NJ

25600

## TITAN ADHESIVES CO., INC.

25 LAKE STREET  
PATERSON, NEW JERSEY 07501  
(973) 225-1070

FIRST UNION NATIONAL BANK

55-2/212

CHECK NO.

Check No. 25600

\*\*SEVEN HUNDRED FIFTY AND 00/100\*\*

DATE

AMOUNT

03/03/04

PAY  
TO THE  
ORDER  
OF

PASSAIC VALLEY  
SEWERAGE COMMISSIONERS  
600 WILSON AVENUE  
NEWARK, NJ 07105

TITAN ADHESIVES CO., INC.

\*750.00\*

*Clairie H. H.*  
*Clairie H. H.*  
AUTHORIZED SIGNATURE

⑈025600⑈ ⑆021200025⑆ 2011311343016⑈

PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT

20-491	
8115	8120 8125 8205
MAR 05 2004	

## SECTION A

- Company Name: Titan Adhesives
- Permit Number if applicable: \_\_\_\_\_
- Location: 25 Lake Street  
Paterson, NJ Zip Code: 07501
- Mailing Address: P.O. Box 2776  
Paterson, NJ Zip Code: 07509
- Person to contact concerning information provided in this application:  
Name of Contact Official: Carlos Garcia  
Title: Plant Manager Phone No.: 923-225-1070  
Address: 25 Lake Street Paterson, NJ Zip code: 07501
- Number of Employees – Full Time: 14 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: 245  
Number of Shifts Per Day: one
- If property is owned indicate block and lot number(s): \_\_\_\_\_  
  
Assessed Value: \_\_\_\_\_
- If property is rented indicate name and address of owner: Bascom Corporation  
495 River Street Paterson, NJ 07529  
  
Total square feet rented: 40,000
- List NJPDES Permit Number if applicable, NJG 0136883 and  
Name of receiving Body of Water entered N/A

## SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y - ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - N

River

Y - ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier: Pasadena ValleyList all Account #'s: 122347-8707612. Water Received: From Mo. 12 Yr. 02 Through Mo. 11 Yr. 03

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	95743			95743
2 <sup>nd</sup> Qtr.	100112			100112
3 <sup>rd</sup> Qtr.	103739			103739
4 <sup>th</sup> Qtr.	107239			107239

GRAND TOTAL 406887

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	63232	0	
Process waste water	17183 *	0	
Cooling water	6872 *	0	
Evaporation			3400 *
Contained in the product			299040 *
Other (describe) <u>Washdown</u>			17200 *

GRAND TOTAL 406887

## SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

(Y) - N

Well

Y - (N)

If Y, is it metered

Y - N

River

Y - (N)

If Y, is it metered

Y - N

11. Name of purchased water supplier: Passaic ValleyList all Account #'s: 122347-8707612. Water Received: From Mo. 12 Yr. 02 Through Mo. 11 Yr. 03

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	95743	X	X	95743
2 <sup>nd</sup> Qtr.	100112			100112
3 <sup>rd</sup> Qtr.	103739			103739
4 <sup>th</sup> Qtr.	107239			107239

GRAND TOTAL 406887

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	63232	0	X
Process waste water	17183 *	0	
Cooling water	6872 *	0	
Evaporation	X	X	3400 *
Contained in the product			299040 *
Other (describe) <i>Washdown</i>			17200 *

GRAND TOTAL 406887

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer      Y ☒ N  
 To the Combined Sewer      ☒ Y - N  
 To the Storm Sewer      Y ☒ N  
 River or Ditch      Y ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
<i>Gasta Recycling</i>	<i>278 W. Railway Ave Paterson</i>		<i>Trash</i>

SECTION COPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is ~~continuous~~ \_\_\_\_\_  
 or intermittent \_\_\_\_\_ each operating day.

If the discharge is intermittent, it occurs between the following hours: 6<sup>30</sup> am to 4<sup>00</sup> pm

17. Brief description of Manufacturing or other activity performed: \_\_\_\_\_

Manufacture of Water Based Adhesives

List SIC CODE #: 2891

18. Principal Raw Materials used: Polyvinyl Acetate, Water, Polyvinyl Alcohol

19. Principal Products or Services: Adhesives

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer                      Y ☒ N  
 To the Combined Sewer                                ☒ - N  
 To the Storm Sewer                                      Y ☒ N  
 River or Ditch    Y ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
<i>Gesta Recycling</i>	<i>278 W. Railway Ave Paterson</i>		<i>Trash</i>

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If the discharge is intermittent, it occurs between the following hours: 6<sup>30</sup> am to 4<sup>00</sup> pm

17. Brief description of Manufacturing or other activity performed: \_\_\_\_\_

Manufacture of Water Based Adhesives

List SIC CODE #: 2891

18. Principal Raw Materials used: Poly vinyl Acetate, Water, Poly vinyl Alcohol

19. Principal Products or Services: Adhesives

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.  
Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacation(s)? Yes If so, is it basically the same time each year. Yes Provide dates usually shutdown 1<sup>st</sup> week of July

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet Production Drain Screen to prevent solids from entering  
sewer line

Outlet \_\_\_\_\_

Outlet \_\_\_\_\_

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - <del>N</del>)</u>	<u>Type</u>	<u>Date</u>

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch); N/A
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

Attached S.T. Plan



**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. SP 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87  
8/89  
7/90  
9/94  
8/95  
11/95  
07/98

SECTION E (continued)

Samples collected by: STL Edison

Date: 3/20/04

Sample analyzed by: STL Edison

Date: 4/15/04

Products being manufactured when sample was collected: Various Water-based Adhesives

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters? \_\_\_\_\_

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state: \_\_\_\_\_

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses? \_\_\_\_\_

Y - N \_\_\_\_\_

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

**SECTION E (continued)**

Samples collected by: \_\_\_\_\_

Date: \_\_\_\_\_

Sample analyzed by: \_\_\_\_\_ Date: \_\_\_\_\_

Products being manufactured when sample was collected: \_\_\_\_\_

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N \_\_\_\_\_

29. Who performs the analyses of the samples for the Pretreatment Parameters? \_\_\_\_\_

\_\_\_\_\_

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

\_\_\_\_\_

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N \_\_\_\_\_

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 &amp; 3 is present in your discharge.

**SECTION F****PRETREATMENT**

32. Industrial Category: \_\_\_\_\_  
Subpart (s): \_\_\_\_\_
33. Compliance date(s): \_\_\_\_\_
34. Is facility in compliance? \_\_\_\_\_ If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: \_\_\_\_\_
36. Compliance schedule submitted: \_\_\_\_\_  
If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met: \_\_\_\_\_  
\_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
If yes, describe No
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
If yes, describe Company in process of developing plan in conjunction w/ DEP
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - (N)
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP: \_\_\_\_\_  
\_\_\_\_\_  
Is there any plan to discharge groundwater?  
No  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: \_\_\_\_\_

*Carlos Garcia*

Print Name

TITLE: \_\_\_\_\_

*Plant Manager*

3-March-04

DATE

*Carlos Garcia*

SIGNATURE

**\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			✓		2,4 dimethylphenol			✓	
acrolein			✓		2,4 dinitrotoluene			✓	
acrylonitrile			✓		2,6 dinitrotoluene			✓	
benzene			✓		1,2 diphenylhydrazine			✓	
benzidine			✓		ethylbenzene			✓	
carbon tetrachloride (tetrachloromethane)			✓		fluoranthene			✓	
chlorobenzene			✓		4-chlorophenyl phenyl ether			✓	
1,2,4-trichlorobenzene			✓		4-bromophenyl phenyl ether			✓	
hexachlorobenzene			✓		bis(2-chloroisopropyl) ether			✓	
1,2 dichloroethane			✓		bis(2-chloroethoxy) methane			✓	
1,1,1 trichloroethane			✓		methylene chloride(dichloromethane)			✓	
hexachloroethane			✓		methyl chloride (chloromethane)			✓	
1,1,dichloroethane			✓		methyl bromide (bromomethane)			✓	
1,1,2 trichloroethane			✓		bromoform(tribromomethane)			✓	
1,1,2,2 tetrachloroethane			✓		dichlorobromomethane			✓	
chlorethane			✓		trichlorofluoromethane			✓	
bis(chloromethyl) ether			✓		dichlorodifluoromethane			✓	
Bis(2 chloroethyl) ether			✓		chlorodibromomethane			✓	
2-chloroethyl vinyl ether mixed			✓		hexachlorobutadiene			✓	
2-chloronaphthalene			✓		hexachlorocyclopentadiene			✓	
2,4,6, trichlorophenol			✓		isophorone			✓	
parachlorometa cresol			✓		naphthalene			✓	
Chloroform (trichloromethane)			✓		nitrobenzene			✓	
2 chlorophenol			✓		2-nitrophenol			✓	
1,2, dichlorobenzene			✓		4-nitrophenol			✓	
1,3, dichlorobenzene			✓		2,4-dinitrophenol			✓	
1,4, dichlorobenzene			✓		4,6 dinitro-o cresol			✓	
3,3, dichlorobenzidine			✓		N-nitrosodimethylamine			✓	
1,1,dichloroethylene			✓		N-nitrosodiphenylamine			✓	
1,2 trans-dichloroethylene			✓		N-nitrosodi-n-propylamine			✓	
2,4,dichlorophenol			✓		pentachlorophenol			✓	
1,2, dichloropropane			✓		phenol			✓	
1,3, dichloropropylene			✓						
(1,3 dichlor propene)			✓						

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			✓		endrin				
butylbenzylphthalate			✓		endrin aldehyde				
di-n-butylphthalate			✓		heptachlor				
di-n-octylphthalate			✓		heptachlor (epoxide)				
diethylphthalate			✓		BHC Alpha			✓	
dimethylphthalate			✓		BHC Beta			✓	
benzo(a)anthracene			✓		BHC Gamma			✓	
benzo(a)pyrene			✓		BHC Delta			✓	
3,4 benzo fluoranthene			✓		PCB1242			✓	
benzo(k) fluoranthene			✓		PCB1254			✓	
chrysene			✓		PCB1221			✓	
acenaphthylene			✓		PCB1232			✓	
anthracene			✓		PCB1248			✓	
benzo(ghi)perylene			✓		PCB1260			✓	
fluorene			✓		PCB1016			✓	
phenanthrene			✓		toxaphene			✓	
dibenzo (a,h) anthracene			✓		antimony (total)			✓	
indeno (1,2,3-c,d) pyrene			✓		arsenic (total)			✓	
pyrene			✓		asbestos (fibrous)			✓	
tetrachloroethylene			✓		beryllium (total)			✓	
toluene	✓				cadmium (total)			✓	
trichloroethylene			✓		chromium (total)			✓	
vinyl chloride			✓		copper (total)			✓	
aldrin			✓		cyanide (total)			✓	
dieldrin			✓		lead (total)			✓	
chlordane			✓		mercury (total)			✓	
4,4 DDT			✓		nickel (total)			✓	
4,4, DDE			✓		selenium (total)			✓	
4,4, DDD			✓		silver (total)			✓	
endosulfan I			✓		thallium (total)			✓	
endosulfan II			✓		zinc (total)			✓	
endosulfan sulfate			✓		2,3,7,8, tetrachlorodibenzo			✓	
					p-dioxin			✓	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			✓		n,n-dimethyl aniline			✓	
amitrole			✓		3,3-dimethyl benzidine			✓	
amyl alcohols			✓		1,1-dimethylhydrazine			✓	
aniline hydrochloride			✓		dioxane			✓	
anisole			✓		diphenylamine			✓	
auramine			✓		ethylenimine			✓	
benzotrichloride			✓		hydrazine			✓	
benzylamine			✓		4,4-methylene bis			✓	
					(2-chloraniline)			✓	
o-chloroaniline			✓		4,4-methylenedianiline			✓	
m-chloroaniline			✓		methyl isobutyl ketone			✓	
p-chloraniline			✓		alpha-naphthylamine			✓	
1-chloro-2-nitrobenzene			✓		beta-naphthylamine			✓	
1-chloro-4-nitrobenzene			✓		n-methylaniline			✓	
chloroprene			✓		1,2- phenylenediamine			✓	
chrysoidine			✓		1,3- phenylenediamine			✓	
cumene			✓		1,4-phenylenediamine			✓	
2,3-dichloroaniline			✓		sudan 1 (solvent yellow 14)			✓	
2,4-dichloroaniline			✓		thiourea			✓	
2,5-dichloroaniline			✓		toluene sulfonic acids			✓	
3,4-dichloroaniline			✓		toluidines			✓	
3,5-dichloroaniline			✓		xylidines			✓	
1,3-dichloropropene			✓						
1,3-dimethoxybenzidine			✓						

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT



**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			✓		isopropanolamine			✓	
allyl alcohol			✓		kelthane			✓	
allyl chloride			✓		kepone			✓	
amyl acetate			✓		malathion			✓	
aniline			✓		mercaptodimethur			✓	
benzonitrile			✓		methoxychlor			✓	
benzyl chloride			✓		methyl mercaptan			✓	
butyl acetate			✓		methyl methacrylate			✓	
butylamine			✓		methly parathion			✓	
captan			✓		mevinphos			✓	
carbaryl			✓		mexacarbate			✓	
carbofuran			✓		monoethylamine			✓	
carbon disulfide			✓		monomethylamine			✓	
chlorpyrifos			✓		naled			✓	
coumaphos			✓		naphthenic acid			✓	
cresol			✓		nitrotoluene			✓	
crotonaldehyde			✓		parathion			✓	
cyclohexane			✓		phenolsulfanate			✓	
2,4-D (2,4-dichlorophenoxy)			✓		phosgene			✓	
acetic acid			✓		propagrite			✓	
diazinon			✓		propylene oxide			✓	
dicamba			✓		pyrethrins			✓	
dichlobenil			✓		quinoline			✓	
dichlone			✓		resorcinol			✓	
2,2-dichloropropionic acid			✓		strontium			✓	
dichlorvos			✓		strychnine			✓	
diethylamine			✓		stryrene			✓	
dimethylamine			✓		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			✓	
dinitrobenzene			✓		TDE (tetrachloro- diphenylethane)			✓	
diquat			✓		2,4,5-TP 2(2,4,5- trichlorophenoxy			✓	
disulfoton			✓		trichlorofon			✓	
diuron			✓		triethylamine			✓	
epichlorohydrin			✓		trimethylamine			✓	
					propanoic acid			✓	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			✓		uranium			✓	
ethion			✓		vanadium			✓	
ethylene diamine			✓		vinyl acetate	✓			
ethylene dibromide			✓		xylene			✓	
formaldehyde				✓	xlenol			✓	
furfural			✓		zirconium			✓	
guthion			✓						
isoprene			✓						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

## SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

### SECTION ONE

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

*Titan Adhesives Co., Inc.*

Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

*N/A*

Trade Name/Fictitious Name

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/>            | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input checked="" type="checkbox"/> | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Douglas McDowell

Street Address:

City, State & Zip Code:

Business Telephone:

Emergency Telephone:

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>N/A</u>		

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>590 Belleville Tpk, Kearny</u>	<u>Mfg/office</u>		
<u>148 Halladay St, Jersey City</u>	<u>Mfg/office</u>	<u>72-80</u>	

**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
<i>MA</i>			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: *Gabriel Ambrosia*

Company Name:

Street Address: *464 Valley Brook Ave*

City, State & Zip Code: *Lyndhurst, NJ 07071*

Telephone: *201-933-8844*  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: *New Jersey / Hudson*

Date: *1972 - Aug - 7*

Certificate of Incorporation No.: \_\_\_\_\_

Copy of certificate of incorporation attached? ☒ Yes ☒ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:

**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Douglas McDowell Telephone: ~~201~~-973-225-1070

Business address: 25 Lake Street Paterson, NJ 07501

Office held	Date took office	Date of birth
<u>President</u>	<u>July, 1972</u>	<u>2-18-42</u>

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(area code)

Business address:

Office held	Date took office	Date of birth
_____	_____	_____

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: Douglas McDowell Telephone: 973-225-1070  
(area code)

Business address: 25 Lake Street Paterson, NJ 07501

Office held	Date took office	Date of birth
<u>President</u>	<u>July 1972</u>	<u>2-18-42</u>

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

*N/A*

<u>Position held</u>	<u>From</u>	<u>To</u> (month/year)	<u>Date of birth</u>
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: *Douglas McDowell*

Street Address: *25 Lake Street Paterson, NJ 07501*

City, State & Zip Code: \_\_\_\_\_ Bus. Phone *973-225-1070*

Name: *Gary Pettie*

Street Address: *25 Lake Street*

City, State & Zip Code: *Paterson, NJ 07501* Bus. Phone *973-225-1070*

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

**TYPE OF ASSOCIATION:** Check One

☐ General Partnership      ☐ Limited Partnership      ☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_



**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: \_\_\_\_\_

Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached?      ☐    Yes      ☐    No

**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

**Name:**

Street Address:

City, State & Zip Code:

Telephone:

**Name:**

Street Address:

City, State & Zip Code:

Telephone:

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.** *N/A*

Name of entity cited: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.** *N/A*

Name of entity cited: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary. *N/A*

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary. *N/A*

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**SECTION SEVEN****OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

*N/A*

**A. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_Date judgment  
entered: \_\_\_\_\_Nature of  
suit: \_\_\_\_\_Amt./terms of  
judgment: \_\_\_\_\_

**B. PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

*N/A*

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Nature of  
suit: \_\_\_\_\_

Status: \_\_\_\_\_

**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

N/A

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity  
charged/convicted: \_\_\_\_\_

Description of  
crime/offense charged: \_\_\_\_\_

Date  
Charged: \_\_\_\_\_

Jurisdiction  
Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_


Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

  
Signature

Carlos Garcia Plant Manager  
Print Title & Position

# State of New Jersey



## Department of State

TITAN ADHESIVES COMPANY, INC.

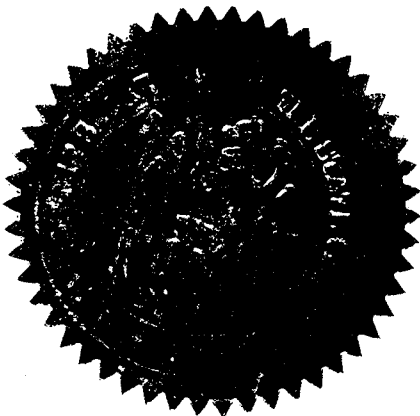
I, the Secretary of State of the State of New Jersey, DO HEREBY CERTIFY that the records of this office show that the charter of the above-named corporation was filed in this office on the 7th day of August A.D. 1972.

I FURTHER CERTIFY, that so far as the records of this office show, said corporation has never been dissolved by action of its stockholders, nor has its charter been voided for non-payment of State taxes by Proclamation and now continues as an existing corporation within the State of New Jersey. At the time of the issuance of this certificate Annual Reports are outstanding for 1989 thru 1992.

I FURTHER CERTIFY, that the location of the registered office is 464 Valley Brook Avenue, Lyndhurst, New Jersey 07071 and the registered agent is Gabriel Ambrosia.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton this 11th day of February A.D. 1993.

*Daniel J. Walton*  
SECRETARY OF STATE





DONALD TUCKER  
CHAIRMAN

CARL S. CZAPLICKI, JR.  
VICE CHAIRMAN

ANTHONY W. ARDIS  
FRANK J. CALANDRIELLO  
ALAN C. LEVINE  
ANGELINA M. PASERCHIA  
KENNETH R. PENGITORE  
THOMAS J. POWELL  
COMMISSIONERS



Passaic Valley  
Sewerage Commissioners

100<sup>th</sup> Anniversary  
1902 - 2002

600 WILSON AVENUE  
NEWARK, NJ 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

ROBERT J. DAVENPORT  
EXECUTIVE DIRECTOR

JAMES KRONE  
DEPUTY EXECUTIVE DIRECTOR

JOSEPH A. FERRIERO  
CHIEF COUNSEL

LOUIS LANZILLO  
CLERK

Industrial Fax: (973-344-4876)

## RECEIPT

RECEIVED FROM Titan Adhesive Co. Inc.

AMOUNT OF PAYMENT 750.00 DATE OF PAYMENT 3/5/04

A/ MR-1 , MR-2 REPORT DUE ON \_\_\_\_\_ ( LATE REPORT )

B/ SV FINE, CONSENT ORDER ( EFFLUENT VIOLATION )

C/ SEWER USE APPLICATION FEE	\$ 750.00
GROUNDWATER APPLICATION FEE	\$ 750.00
LETTER OF AUTHORIZATION	\$ 200.00
PERMIT FEE PER YEAR	\$ 300.00
PERMIT FEE PER YEAR	\$ 600.00
OTHER	\$ _____

PAYMENT RECEIVED BY:

SIGNATURE

Tanessa Dominguez

AMOUNT

750.00

DATE

3/5/04

**SCHEDULE B**

REF-LOTS 7 TO 25 INCLUSIVE ON  
LAKE STREET ON CITY OF  
PATERSON TAX MAP

THIS SURVEY IS CERTIFIED TO  
SILVER CORPORATION AND  
ALL PARTIES IN INTEREST TO  
BE CORRECT AND ACCURATE.

James G. Watson

JAMES J. DATA LAND SURVEYOR L.I.C. NO. 9346  
27 GARDEN STREET PASSAIC, NEW JERSEY

MAP OF PROPERTY OF  
BILJER CORPORATION  
CITY OF PATERSON  
COUNTY OF PASSAIC  
NEW JERSEY

SCALE: 1"=40 FEET

361 51 NBR

